



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>Committee to Elect Garland Graves</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <b>(812) 325-6713</b>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>404 Green Meadow Drive</b>	
5. City, State, ZIP Code <b>Indianapolis, IN 46229</b>	6. Party Affiliation (if applicable) <b>Democratic Party</b>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <b>Garland E. Graves</b>	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) <b>WARREN TOWNSHIP Small Claims Court Judge</b>	10. County of Residence <b>Marion</b>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <b>01/01/2016</b> Through: <b>12/31/2016</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>771.54</b>	
14. Cash on hand and investments January 1, current year.		<b>939.54</b>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns	SUBTOTAL	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns	SUBTOTAL	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

### CERTIFICATION

### FOR OFFICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		
Signature of Treasurer <b>[Signature]</b>	Title <b>Treasurer</b>	Date <b>01/13/16</b>
Signature of Candidate (if applicable)		Date

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

JAN 13 2017

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**(CFA-4 SCHEDULE E)  
DEBTS OWED TO THIS COMMITTEE**

**FILE NUMBER**

Page 2 of 2

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME & MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	CO-SIGNER'S NAME & MAILING ADDRESS <small>(if any)</small> <small>(street, number, city, state, ZIP code)</small>	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Garland E. Graves 6132 E. 9th St. Indianapolis, IN 46219				0	\$8960.00
		Loan			
SUBTOTAL THIS PAGE OF SCHEDULE E					\$8960.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY <small>(Enter total on ITEM 20 of the Summary Sheet)</small>					\$8960.00